

# Office of Aging & Adult Services: Fall Analysis & Action Form

(To be submitted with the DHH HCBS Critical Incident Report Form Direct Service Provider Follow-Up)

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_

Date of fall: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Time of fall: \_\_\_\_\_

Analyze the information from the *Fall Assessment Form* and previous history to determine the following:

1. Are there environmental factors related to this fall?

---

---

2. Are there health status factors related to this fall?

---

---

3. If the participant has experienced other falls, are there any similarities, i.e., time, place, activity, health factors?

---

---

4. What actions were taken to prevent future falls?

---

---

5. Does the participant's CPOC require update to include these actions?

---

6. Do the participant, family, and/or staff need training? If so has it occurred, describe.

---

---

(Please attach additional pages as required)